

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10725064

FILING DATE

11-203

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		4				
7		4				
8		4				
9		4				
10		4				
11		1				
12		1				
13		1				
14		1				
15		1				
16		5				
17		5				
18		5				
19		5				
20		5				
21	1					
22	1					
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	54					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						